

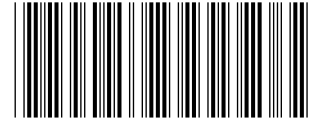


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Commissioned Corps of the United States Public Health Service

Division of Commissioned Personnel
5600 Fishers Lane, Room 4-20
Rockville, MD 20857-0001



**REFERENCE REQUEST FOR APPLICANTS TO THE U.S. PUBLIC HEALTH SERVICE
COMMISSIONED CORPS**



(Applicant's Name)

If the reference knows you by another name, please indicate here:

Your name has been given as a reference by the individual identified above who has applied for appointment to the Commissioned Corps of the United States Public Health Service.

We would appreciate your frank and objective consideration of the requested information. To help us determine whether this person is loyal, trustworthy, and of good character, we ask that you answer all questions on the front and back of this form as fully and specifically as you can. The information you provide will be disclosed to the person identified above if he or she should so request.

The promptness of your reply will aid us greatly in our evaluation of this applicant. The information furnished by former associates, supervisors, or employers with the same or related background provides valuable information for use in evaluating applicants.

Division of Commissioned Personnel

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|---|--|
| 1. PERIOD OF ASSOCIATION From _____ To _____ (MM/YYYY) | 2. RELATIONSHIP TO APPLICANT (CHECK APPROPRIATE BOXES) EMPLOYER TEACHER FACULTY ADVISOR SUPERVISOR DEAN OTHER (SPECIFY) _____ |
|---|--|

| 3. EVALUATION OF APPLICANT | | | | | | | | | | | |
|--|-------------|---------------------|---------|---------------|-----------------------|---|-------------|---------------------|---------|---------------|-----------------------|
| ELEMENTS | OUTSTANDING | BETTER THAN AVERAGE | AVERAGE | BELOW AVERAGE | NO BASIS FOR JUDGMENT | ELEMENTS | OUTSTANDING | BETTER THAN AVERAGE | AVERAGE | BELOW AVERAGE | NO BASIS FOR JUDGMENT |
| | | | | | | | | | | | |
| TRAINING * | | | | | | PERSONAL ADJUSTMENT ** | | | | | |
| PRODUCTIVITY | | | | | | ABILITY TO WORK WITH AND FOR OTHERS | | | | | |
| ABILITY TO WORK INDEPENDENTLY | | | | | | FLEXIBILITY -- ADAPTABILITY | | | | | |
| INITIATIVE | | | | | | ABILITY TO SOLVE PROBLEMS -- RESOURCEFULNESS | | | | | |
| APPLICATION OF SKILLS AND KNOWLEDGE | | | | | | ORIGINALITY | | | | | |
| CAPACITY FOR DEVELOPMENT | | | | | | JUDGMENT | | | | | |
| ATTENDANCE | | | | | | ABILITY TO COMMUNICATE | | | | | |
| DEPENDABILITY IN CARRYING OUT ASSIGNMENT | | | | | | SUPERVISORY ABILITY | | | | | |
| * TRAINING (Class standing, grades, scholastic honors, special training) | | | | | | ** PERSONAL ADJUSTMENT (Emotional Stability and Maturity) | | | | | |

4. BEST SUITED FOR WHAT POSITION, FIELD, OR SPECIALIZATION

5. DO YOU KNOW OF ANY LIMITATIONS OR OTHER INFORMATION WHICH MIGHT IMPACT ON THE EFFECTIVENESS OR STABILITY OF THIS PERSON?

(Training, Personality, Emotional, Ethical)

NO YES (Give Details)

(Continue on reverse side)





6. WOULD YOU BE WILLING TO EMPLOY OR RE-EMPLOY THIS PERSON IF YOU HAD AN OPENING REQUIRING THE GENERAL PROFESSIONAL LEVEL AND PROFESSION OF THIS INDIVIDUAL?

YES (IN WHAT CAPACITY?)

NO (GIVE REASONS)

7. COMMENTS (Please use this space to supply any further information, comments, and evaluation.)



8. SIGNATURE

12. INSTITUTION OR FIRM ADDRESS (Include ZIP Code)

9. NAME (Type or Print)

10. TITLE OR POSITION

11. DATE

Telephone No.

Ext.

